

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29358

1. PLACE OF DEATH

County Cass Registration District No. 148
Township North Primary Registration District No. 4092
City Belton Mo. (No. _____) St. _____ Ward _____

File No. 17
Registered No. _____

2. FULL NAME

(a) Residence. No. Belton Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Ellen Handley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 17 — — —
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

14. INFORMANT

(Address) Gus Handley
Belton Mo.

15. FILED

4-15, 1930

R. M. Miller

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 13th, 1930, to Sept. 15th, 1930, that I last saw h. alive on Sept. 13th, 1930, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Capillary Bronchitis

107B

(duration) 36 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 100B yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ewing S. Moad, M. D.

9-15, 1930 (Address) Belton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Belton, Mo.

9/16 1930

20. URBERTAKER

ADDRESS

E. K. George & Sons Belton Mo.

